

# Integrating Motivational Interviewing into Everyday Practice

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# Goals

- Build comfort with MI and integrate it into practice
- Develop a standard approach to all patients with chronic pain
- Routinely screen for drug and alcohol abuse in primary care patients
- Develop a skill set around screening, referring and managing patients with addiction in our clinics.



# Objectives

- Recognize key components to motivational interviewing
- Be able to assess patients readiness to change
- Develop reflective listening skills
- Discuss techniques for eliciting change talk/self motivation



# Motivational Interviewing (MI)

 What is your experience?

 What is important about MI?



# Skills






## OARS:

- Open ended questions
- Affirm the patient
- Reflective listening
- Summarize



# Basic principles

## DARES:

-  Develop discrepancy
-  Avoid argumentation
-  Roll with resistance
-  Express empathy
-  Support self-efficacy



# Cross-Cultural Implications


## MI: Cross-Cultural Implications

- Based on broadly generalizeable principles of human behavior
- Cultural competence: knowledge of others, value and adapt to diversity, self-assessment/awareness
- Evidence: increased effect sizes in studies with predominately minority populations

Hettema, Steele, and Miller (2005)



# Please take note

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- Note when you hear:
    - Reflective statements
    - Closed/open ended questions
    - Affirming statements
    - Summarizing
    - Change talk



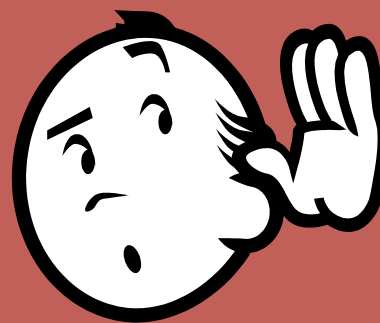
# Case

■ Mr Smith is a 45 y/o male coming in for a check up as it has been more than 10 years since his last physical.

■ Concerns: heartburn, high blood pressure and chronic low back pain



# Reflective listening



■ Simple

■ Paraphrase

■ Repeat back some part of what they said

■ I get frustrated when my wife gets on my case to drink less

– “so you are frustrated

■ I just want to have a few drinks when I get home to relax

– “drinking is a way you can relax”

■ Reflect feeling



# Feedback

- What worked?
- What didn't work?
- What elements of motivational interviewing did you recognize?
- What would you do differently? How would you do it?



# Readiness to change

■ Once you identified a problem....where do you go?

■ Assessing readiness to change

- “On a scale of 1 to 10, how **important** is it for you to make a change, to \_\_\_\_\_?”
- “Why did you pick \_\_\_\_, and not 1 or 2?”
- “On a scale of 1 to 10, how **ready** are you to make a change?”
- “On a scale of 1 to 10, how **confident** are you that you can \_\_\_\_\_”
- “What would it take to go from (lower #) to \_\_\_\_?”



# Develop discrepancy

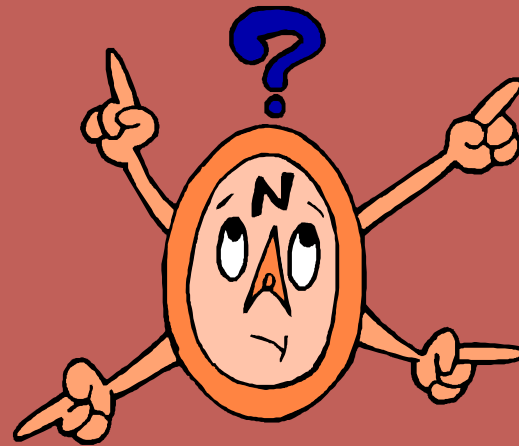


## Work with their ambivalence



Motivation is built when there are differences in behavior and desired goals

- what do you like about your drinking?
- What do you dislike/worry about with your drinking?
- How has drinking negatively affected your life?








# Change talk

- Encourage patient to tell you advantages of change over status quo
- Be optimistic for them and with them
- Recognize change talk
  - I want to change
  - I can change
  - I should change
  - I have to change
  - I am going to change



# Closing

## How to end the visit

-  Give clear advice to change
-  Negotiate a plan (will vary depending on stage of change)
-  Assist with goal setting
  -  Menu of change options
-  Arrange follow up



# Future noon conferences

■ Suggestions welcome!

■ Potential topics:


- more on behavioral intervention
- Standard approach for chronic pain
- Screening for addiction
- What to do with positive screens
- The resistant patient
- Specific drugs of abuse (highlight the marijuana debate)
- Buprenorphine group





# Resources

 Thomas E. Freese, PhD powerpoint slides

 [www.psattc.org](http://www.psattc.org)

 [www.uclaisap.org](http://www.uclaisap.org)

 Chief Resident Immersion Training (CRIT) program materials

(will provide with copies if interested)

